MAXIMUS Federal Services

Case Number:	CM14-0101691		
Date Assigned:	09/16/2014	Date of Injury:	02/28/2011
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry, Neurology, & Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male whose date of injury is 02/28/2011. The primary diagnosis is post-traumatic stress disorder. The patient is president of his own company, selling used cars, parts, and providing rental cars. He was trying to prime a carburetor to start a car when it backfired and fire came out of the carburetor. His right hand, right side of his body, under his arms, left shoulder, under the chin, and his eyebrows were burned. He was taken to the emergency room, then the [redacted]. He underwent two surgical procedures (including skin grafting) and was in the hospital for two weeks. He was off work for at least six months, returned part time, then returned to full time work. In a psychological evaluation of 03/11/14, it was noted that subsequent to the injury the patient developed irritability, rage with resultant frequent angry outbursts, nightmares, and difficulty with memory and concentration. He blamed himself for the occurrence of the injury. He was diagnosed with pain disorder associated with psychological factors and general medical condition, major depressive disorder, single episode moderate, and anxiety disorder not otherwise specified at his QME in August 2013. At some point he had been prescribed Lexapro. He was to have received psychotherapy from [redacted] but for some reason [redacted] did not receive the authorization and the patient did not get that treatment. The patient did not receive authorization for medication visits. Despite having not received treatment there was an overall improvement in mood and decreased frequency in nightmares. He did continue to think about his injury frequently but he did not have intrusive recollections. The patient had a psychiatric evaluation on 05/05/14. He did not believe he was functioning as well as he used to. Symptoms included difficulty falling asleep, post traumatic nightmares, hypersensitivity and startle reaction, hyper alertness, tension, anxiety, sadness, and crying spells at least twice per week. He was prescribed

Wellbutrin XL 150mg per day, Ambien 10mg at bedtime, and Xanax 0.25mg tablet twice per day for anxiety, and psychotherapy approximately once per week. Diagnoses were post-traumatic stress disorder, chronic and probable sleep disorder. Psychiatry progress report of 07/13/14 shows that the patient had been seen 3 times for psychotherapy around every two weeks. He continues to be exposed to stressful situations in his business. He was taking Ambien 10mg every night for sleep which was effective, Viibryd 20mg per day and Wellbutrin XL150mg once per day-reporting that he felt a surge of energy since taking the Wellbutrin. He also takes Xanax 0.25mg during the day but breaks it into quarters and takes "only a crumb" as necessary. Medications are effective and he has no significant side effects.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ambien 10mg #30 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter; PDR

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem

Decision rationale: Zolpidem has the potential for heightened memory of negative or high arousal memories, conditions which this patient suffers from due to his PTSD. In addition, there is concern that it may increase depression. It is not recommended for long term use and he has been prescribed this agent since at least May 2014. As such this request is noncertified. Per ODG, Zolpidem is not recommended for long-term use, but recommended for short-term use. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene. The report stresses that Zolpidem should be used safely for only a short period of time. (SAMHSA, 2013) Zolpidem (Ambien) increases the ability to remember images, but only those that have negative or highly arousing content. The findings have potential ramifications for patients prescribed Zolpidem for relief of insomnia due to anxiety disorders, including posttraumatic stress disorder (PTSD). Physicians should watch out for this counter therapeutic effect in patients with anxiety disorders and PTSD, because these are people who already have heightened memory for negative and high-arousal memories. The study also identified sleep spindles as the mechanism that enables the brain to consolidate emotional memory. Sleep spindles are brief bursts of brain activity that occur primarily during non-rapid eye movement (REM) sleep. Therefore, this request is not medically necessary.

Xanax 0.25mg #30 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: The patient has been prescribed Xanax since at least May 2014, well beyond the guideline of 4 weeks. His symptoms of anxiety are not well delineated, nor are the objective functional improvement related to the use of this medication. Additionally, breaking 0.25mg of Xanax into quarters and taking "a crumb" could hardly be described as an effective dose, but could be described as more of a "crutch". ODG states that a more appropriate treatment of anxiety is an antidepressant, which the patient is currently taking (Viibryd). As such this request is noncertified. Per MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Therefore, this request is not medically necessary.

Wellbutrin XL 150mg #30 x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Bupropion (Wellbutrin)

Decision rationale: The patient's diagnosis at his psychiatric evaluation of 05/05/14 was post-traumatic stress disorder. Wellbutrin is recommended for major depressive disorder. In the report of 07/13/14 the patient is already on Viibryd, an antidepressant, and there is no clear rationale as to why the patient requires another antidepressant. As such this request is noncertified. MTUS does not address the medication Wellbutrin. Per ODG, Wellbutrin is recommended as a first-line treatment option for major depressive disorder. See Antidepressants for treatment of MDD (major depressive disorder). FDA has concluded that the generic drug Budeprion XL (bupropion hydrochloride) cannot be considered therapeutically equivalent to the brand-name product Wellbutrin. Therefore, this request is not medically necessary.